** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or the	2021 calendar year, or tax year beginning JUL 1, 2021 and e	ending JT	JN 30, 2022										
	Check if pplicabl	c Name of organization		D Employer identifie	cation number									
	Addre	ss e NATUREBRIDGE												
	Name change Doing business as 94-2145930													
	Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number													
	Final	Final 1033 FORT CRONKHITE (415)992-4700												
L	Litermin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 11,													
	Amen													
Image: Instance of the second seco														
1 1	ax-ex	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 527		Iist. See instructions									
		e: WWW.NATUREBRIDGE.ORG		H(c) Group exemption										
		organization: X Corporation Trust Association Other ►	L Year		State of legal domicile: CA									
	art I	Summary			etato et togal definicito									
	1	Briefly describe the organization's mission or most significant activities: PROVIDE	E ENVIRON	MENTAL EDUCATION										
Se		PROGRAMS AT FOUR NATIONAL PARKS AND ONE NATURE PRESERVE.												
Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.									
ver	3	Number of voting members of the governing body (Part VI, line 1a)			23									
õ	4	Number of independent voting members of the governing body (Part VI, line 1b)			23									
ა ა		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			128									
itie		Total number of volunteers (estimate if necessary)			100									
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			232,103.									
Ā		Net unrelated business taxable income from Form 990-T, Part I, line 11			10,338.									
				Prior Year	Current Year									
n	8	Contributions and grants (Part VIII, line 1h)		7,340,557.	6,781,422.									
Revenue		Program service revenue (Part VIII, line 2g)	337,184.	4,836,259.										
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		81,575.	99,047.									
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,753.	-285,929.									
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,780,069.	11,430,799.									
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		137,933.	26,139,275.									
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.									
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,836,401.	6,070,377.									
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		12,000.	3,500.									
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	370.											
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,816,566.	4,298,479.									
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,802,900.	36,511,631.									
		Revenue less expenses. Subtract line 18 from line 12		1,977,169.	-25,080,832.									
OC			Be	ginning of Current Year	End of Year									
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	43,943,887.	18,256,123.										
tAs	21	Total liabilities (Part X, line 26)		3,643,134.	3,548,171.									
ENei	22	Net assets or fund balances. Subtract line 21 from line 20		40,300,753.	14,707,952.									
Pa	art II	Signature Block												
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is									

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date								
Here	LESLIE SMITH, CFO										
	Type or print name and title										
	Print/Type preparer's name	Prepaver's signature	Date	Check PTIN							
Paid	MAGA E. KISRIEV	Maji Knas	05/13/2023	if self-employed P01008919							
Preparer	Firm's name 🕒 HOOD & STRONG LLP		Firm's	SEIN ▶ 94-1254756							
Use Only	Firm's address 🖕 60 SO. MARKET ST, STE 20	0									
	SAN JOSE, CA 95113 Phone no. 408										
May the II	RS discuss this return with the preparer shown abov	/e? See instructions		X Yes No							
				- 000 (****							

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)										
print	NATUREBRIDGE	94-2145930										
File by the due date for filing your												
return. See instructions.												
Enter the Return Code for the return that this application is for (file a separate application for each return)												
Application	on	Return	Application				Return					
Is For		Code	Is For				Code					
Form 990	or Form 990-EZ	01	Form 1041-A				08					
Form 472	0 (individual)	03	Form 4720 (other than individual)				09					
Form 990	·PF	04	Form 5227				10					
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11					
Form 990	-T (trust other than above)	06	Form 8870				12					
Form 990	-T (corporation)	07										
 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If request an automatic 6-month extension of time untilMAY 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or tax year beginningJUL 1, 2021, and endingJUN 30, 2022 												
any	is application is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions. is application is for Forms 990-PF, 990-T, 4720, or 6069			3a	\$		0.					
esti	mated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$		0.					
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	ayment with	n this form, if required, by									
usir	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$		0.					
Caution: instruction	If you are going to make an electronic funds withdrawal ns.	(direct deb	bit) with this Form 8868, see Form 84	453-TE an	d Form 88	79-TE for pa	ayment					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

123841 01-12-22

	990 (2021) NATUREBRIDGE	94-2145930 Pa	age 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	TO CONNECT YOUNG PEOPLE TO THE WONDER AND SCIENCE OF THE NATURAL		
	WORLD, IGNITING SELF-DISCOVERY AND INSPIRING STEWARDSHIP OF OUR		
	PLANET.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	No
Ū	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	· · · ·	
4a	(Code:) (Expenses \$ 8,555,546. including grants of \$ 307,529.) (Revenue	ue\$ 4,836,25	59.)
	NATUREBRIDGE CONNECTS YOUNG PEOPLE TO THE WONDER AND SCIENCE OF THE		
	NATURAL WORLD, IGNITING SELF-DISCOVERY AND INSPIRING STEWARDSHIP OF OUR		
	PLANET. WE DELIVER HANDS-ON ENVIRONMENTAL SCIENCE PROGRAMS IN SOME OF		
	THE WORLD'S MOST BEAUTIFUL CLASSROOMS-OUR NATIONAL PARKS. FOUNDED IN		
	1971, OUR CAMPUSES ARE LOCATED IN YOSEMITE NATIONAL PARK, GOLDEN GATE		
	NATIONAL RECREATION AREA, OLYMPIC NATIONAL PARK, PRINCE WILLIAM FOREST		
	PARK, AND THE NATURE CONSERVANCY'S JACK AND LAURA DANGERMOND PRESERVE.		
	NATUREBRIDGE'S SCHOOL & GROUP ENVIRONMENTAL SCIENCE PROGRAMS TAKE YOUNG		
	PEOPLE FROM ALL BACKGROUNDS OUT OF THE CLASSROOM AND INTO THE OUTDOORS		
	FOR THREE- TO FIVE-DAY OVERNIGHT EXPERIENCES. WITH CHILDREN IMMERSED IN		
	THE OUTDOORS, SCIENTIFIC PRINCIPLES ARE BROUGHT TO LIFE AND INSPIRE		
4b	(Code:) (Expenses \$25,831,746. including grants of \$25,831,746.) (Revenue to a construction of \$25,831,746.)		0.)
	IN 2022, NATUREBRIDGE MADE A ONE-TIME GRANT OF FIVE BUILDINGS TO THE		
	NATIONAL PARK SERVICE VALUED AT \$25.8M TO ESTABLISH THE NATIONAL ENVIRONMENTAL SCIENCE CENTER AT YOSEMITE NATIONAL PARK. THE NEW CENTER		
	TO BE OPERATED BY NATUREBRIDGE THROUGH A LONG-TERM COOPERATIVE		
	AGREEMENT, EXPANDS THE ORGANIZATION'S CAPACITY TO PROVIDE RESIDENTIAL		
	ENVIRONMENTAL EDUCATION FOR STUDENTS AND THE COMMUNITY.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue\$)
4d	Other program services (Describe on Schedule O.)	,	
4.	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 34,387,292.)	
4e	Total program service expenses ► 34,387,292.	Form 990 ((2021)
13200	SEE SCHEDULE O FOR CONTINUATION(S)		(2021)
10200	2		
605		60	350

2021.05080 NATUREBRIDGE

	990 (2021) NATUREBRIDGE 94-21459	30	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	–		
'		7		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		<u> </u>
8				x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the energia time enciptain an efficiency and the state of the United Otates O	14a		x
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	1- 1 -1		<u> </u>
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
		14b		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
15		4		x
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	└──
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	
132003	12-09-21	Form	990	(2021)

NATUREBRIDGE

Form	990 (2021) NATUREBRIDGE 94-2145	930	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes." <i>complete</i>			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
54	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O tt V Statements Regarding Other IRS Filings and Tax Compliance	30	- 25	L
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	21		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	L
132004	4 12-09-21	Form	990	(2021)

	1 990 (2021) NATUREBRIDGE	94-2145930	0	Р	age 5						
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
				Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a	128									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.										
3a											
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial accou		4a		x						
b	If "Yes," enter the name of the foreign country	<i>,</i>									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	nts (FBAR).									
5a			5a		x						
b			5b		x						
c			5c								
6a											
u	any contributions that were not tax deductible as charitable contributions?		6a		x						
h	If "Yes," did the organization include with every solicitation an express statement that such contributions c		ou								
U	were not tax deductible?	°	6b								
7			do								
7	Organizations that may receive deductible contributions under section 170(c). Did the exception receive a neuropart in evenes of 0.75 made partly as a contribution and partly for goods and convises	provided to the powerQ	7-	х							
a		E E E E E E E E E E E E E E E E E E E	7a	X							
			7b	Λ							
С	5 · · · · · · · · · · · · · · · · · · ·	·	_								
	to file Form 8282?	I [7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year7d										
е		ct?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X						
g			7g								
h			7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	he									
	sponsoring organization have excess business holdings at any time during the year?		8								
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b								
10	Section 501(c)(7) organizations. Enter:	.									
а	Initiation fees and capital contributions included on Part VIII, line 12 10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:	.									
а	Gross income from members or shareholders	a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	1?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	[13a								
	Note: See the instructions for additional information the organization must report on Schedule O.										
b											
	organization is licensed to issue qualified health plans	,									
с		;									
14a		•	14a		x						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	Г	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration										
	excess parachute payment(s) during the year?		15		x						
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inco	ome?	16		x						
.0	If "Yes," complete Form 4720, Schedule O.	,	10								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any										
.,			17		1						
			17								
10000	If "Yes," complete Form 6069. 5 12-09-21 5		Form	990	(2021)						
132005	5 12-09-21 5				(2021)						

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2021.05080 NATUREBRIDGE

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	1 990 (2021) NATUREBRIDGE 94-21459		Р	a
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" ı	espon	S
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			_
			Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Γ
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		┢
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		┢
5				
6	Did the organization have members or stockholders?	6		┝
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		L
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			F
3		9		
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		L
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	Г
40-	Did the survey incline here here here here the survey of the second	40-	res	
	Did the organization have local chapters, branches, or affiliates?	10a		┝
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	L
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			Γ
	on Schedule O how this was done	12c	х	
13		13	Х	┢
			x	┢
14	Did the organization have a written document retention and destruction policy?	14	21	┝
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Γ
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		104		F
Sec	exempt status with respect to such arrangements?	16b	1	1
17	List the states with which a copy of this Form 990 is required to be filed CA			_
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):	s only)	availal	ol
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LESLIE SMITH - (415) 992-4700			
	1033 FORT CRONKHITE, SAUSALITO, CA 94965			
12000		Form	990	ſſ
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<u> </u>			~ ~	_
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Form 990	(2021) NATUREBRIDGE	94-2145930	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
	Employees, and Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII									
Section A	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Compl	1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.									
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. 										

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do		Pos			200	Reportable	Reportable	Estimated
	hours per	(do not check more box, unless person				s both	n an	compensation	compensation	amount of
	week		officer and a dir			ector/trustee)		from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con		1033-1120)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) PHILLIP KILBRIDGE	40.00		_	-		<u> </u>				
PRESIDENT & CEO	0.00	1		х				183,886.	0.	18,442.
(2) JUDY LIN	40.00									
<u>coo</u>	0.00				х			165,822.	0.	4,751.
(3) AARON CRAIG RICH	40.00									
CHIEF DEVELOPMENT OFFICER	0.00					X		140,235.	0.	12,921.
(4) MITCHELL HOLMER	40.00									
CFO	0.00			х				121,936.	0.	1,812.
(5) SUSAN BOREN KING	2.00								_	_
CHAIR OF THE BOARD	0.00	х		х				0.	0.	0.
(6) LIZ VALENTINE	2.00									
VICE CHAIR	0.00	х		х				0.	0.	0.
(7) SHANE TACKETT	2.00									
TREASURER	0.00	х		х				0.	0.	0.
(8) LINDA FISHER SECRETARY	2.00	x		x				•	0	0
(9) VERA MICHALCHIK	0.00	X		x				0.	0.	0.
VICE CHAIR FOR EDUCATION	0.00	x		x				0.	0.	0.
(10) ANANDA BARON	2.00	~		Λ			<u> </u>	0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(11) ANGELA CHEN	2.00	<u>л</u>						•.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(12) AUTUMN SAXTON-ROSS	2.00							- •	- •	•
DIRECTOR	0.00	x						0.	0.	0.
(13) BEN STEELE	2.00									
DIRECTOR (THRU 10/15/21)	0.00	х						0.	0.	Ο.
(14) COLIN LE DUC	2.00									
DIRECTOR	0.00	х						0.	0.	Ο.
(15) DAN ABRAMS	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(16) JENNY KOEHLER	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(17) KEVIN T. NEWMAN	2.00									
DIRECTOR	0.00	Х						0.	0.	0.

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Form 990 (2021) NATUREBRIDGE									94-214593	30	Р	age 8				
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)							
(A) (B) Name and title Average hours per week			Average Pos (do not check box, unless per				(C) Position (do not check more than one pox, unless person is both an officer and a director/trustee)				n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	ƙey em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	f org an	npensa rom th ganizat Id relat anizat	ie tion ted				
(18) KIMBERLY MCMORROW DIRECTOR	2.00	x			_			0.	0.			0.				
(19) VIVIENNE LONG	2.00											•.				
DIRECTOR (ELECTED 8/26/21)	0.00	х						0.	0.	 		0.				
(20) LISA HOLMES	2.00								0			0				
DIRECTOR (THRU 5/13/22) (21) BRAD O'BRIEN	0.00	X						0.	0.			0.				
DIRECTOR	0.00	x						0.	0.			Ο.				
(22) NICOLE SHEEHAN	2.00															
DIRECTOR (THRU 5/13/22)	0.00	х						0.	0.			0.				
(23) RAOUL GOFF	2.00								0			0				
DIRECTOR (24) ROBERT J. HOLMES	0.00	X						0.	0.			٥.				
DIRECTOR	0.00	х						0.	0.			0.				
(25) SOPHIA DANENBERG	2.00															
DIRECTOR	0.00	х						0.	0.			0.				
(26) THOMAS C. KIERNAN DIRECTOR	2.00	x						0.	0.			٥.				
dh. Cubtotol	-							611,879.	0.	-						
c Total from continuation sheets to Part VI								0.	0.		,	0.				
d Total (add lines 1b and 1c)								611,879.	0.		37,	926.				
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	ove) wh	io re	eceived more than \$100,	000 of reportable							
compensation from the organization											Yes	4 No				
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	phest compensated empl	loyee on		100					
line 1a? If "Yes," complete Schedule J for su	uch individual								-	3		x				
4 For any individual listed on line 1a, is the su																
and related organizations greater than \$150										4	X					
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com	-				-			-		5		x				
Section B. Independent Contractors		- 0 10	51 50		<u>JEI 31</u>	011						1				
1 Complete this table for your five highest cor	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compensation	ation fr	om					
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.							
(A) Name and business	address	NO	NE					(B) Description of s	ervices) Compe	C) ensatio	n				
		110.														
							_									
O Talal annah sa stiadag an baile an a'		-+ "														
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	zation 🕨		niteo	u to i		se lis)	ted	above) who received mo	bre than							
SEE PART VII, SECTION A CONTINU 132008 12-09-21	JATION SHEE	TS								Form	990 (2021)				

Form 990 NATUREBRIDGE									94-21459	930
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)					ees (continued)					
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	c all :	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	r				loyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l trus		/ee	m pen				organizations
	below	dual t	utiona	L_	old m	st co	5			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) WALTER SIVE	2.00									
DIRECTOR	0.00	х						0.	0.	0.
(28) CARROLL C. YANDELL	2.00									
DIRECTOR	0.00	х						٥.	0.	0.
(29) MICHAEL PEREIRA	2.00									
DIRECTOR (ELECTED 8/26/21)	0.00	х						0.	0.	0.
(30) IAN YOLLES	2.00									
DIRECTOR	0.00	х						0.	0.	0.
					\vdash					
					ĺ					
					-					
					\vdash					
Total to Part VII, Section A, line 1c										

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_	t VII									F
		Check if Schedule O	conta	uns a resp	onse	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluc from tax unde sections 512 - 5
Its	1 a	Federated campaigns		1a						
our		Membership dues								
Am		Fundraising events				816,105.				
ar		Related organizations								
<u>m</u>		Government grants (contr				2,303,302.				
er,	f	All other contributions, gifts,				2 662 015				
£ O		similar amounts not included				3,662,015. 86,342.				
and Other Similar Amounts	-	Noncash contributions included in					6,781,422.			
a	n	Total. Add lines 1a-1f				Business Code	0,701,422.			
	2 a	FIELD SCIENCE PROGR	AMS			611710	3,747,624.	3,747,624.		
	b	SUMMER YOUTH PROGRA				611710	711,089.	711,089.		
nue	c	CONFERENCES AND OTH				611710	357,904.	125,801.	232,103.	
Revenue	d	SCHOLARSHIP FEES				611710	18,028.	18,028.	, 	
ř	e	OTHER PROGRAM REVEN	UE			611710	1,012.	1,012.		
	f	All other program service	rever	nue		611710	602.	602.		
		Total. Add lines 2a-2f				-	4,836,259.			
ſ	3	Investment income (includ								
		other similar amounts)				►	103,993.			103,99
	4	Income from investment of	of tax	exempt b	ond p	oroceeds 🕨 🕨				
	5	Royalties								
		_		(i) Re		(ii) Personal				
		Gross rents	6a		359.					
		Less: rental expenses	6b		900.					
		Rental income or (loss)	6c	29,	459.		29,459.			29,45
		Net rental income or (loss) Gross amount from sales of) 	(i) Secur		(ii) Other	25,455.			25, 1.
	<i>i</i> a	assets other than inventory	7a	.,	791.					
	h	Less: cost or other basis	10	,						
		and sales expenses	7b	34,	112.	0.				
	с	Gain or (loss)	7c		321.					
		Net gain or (loss)				>	-4,946.			-4,94
		Gross income from fundraisi								
5		including \$	316,	105. of						
		contributions reported on	line ⁻	1c). See						
		Part IV, line 18								
		Less: direct expenses				364,520.				
		Net income or (loss) from				····· ►	-322,098.			-322,09
	9 a	Gross income from gamin	-							
		Part IV, line 19								
		Less: direct expenses				v. ►	5 175			5 47
		Net income or (loss) from			es		5,475.			5,47
	iu a	Gross sales of inventory, I			10a	1,235.				
	h	and allowances Less: cost of goods sold								
		Net income or (loss) from				1 1	1,235.			1,23
\dagger	<u> </u>		20100	2		Business Code	,			,
	11 a									
nue	b									
Revenue	с									
ĥ	d	All other revenue								
		Total. Add lines 11a-11d				►				
	12	Total revenue. See instruction					11,430,799.	4,604,156.	232,103.	-186,88

70,	50, 90, and 100 of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	26,139,275.	26,139,275.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	583,644.	248,999.	276,401.	58,244.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,315,426.	3,248,592.	629,569.	437,265.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	83,622.	65,097.	11,061.	7,464.
9	Other employee benefits	708,384.	570,470.	82,348.	55,566.
10	Payroll taxes	379,301.	295,276.	50,171.	33,854.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	11,655.		11,655.	
	Accounting	36,900.		36,900.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	3,500.			3,500.
f	5 F				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	189,936.	108,589.	74,929.	6,418.
12	Advertising and promotion	23,643.	14,342.	889.	8,412.
13	Office expenses	728,216.	576,990.	70,964.	80,262.
14	Information technology	62,400.	5,146.	57,254.	
15	Royalties	C00 50C	600 706		
16	Occupancy	602,736.	602,736.	44.004	
17	Travel	47,693.	34,132.	11,301.	2,260.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.000	1 600	1 000	
19	Conferences, conventions, and meetings	2,826.	1,600.	1,226.	
20	Interest				
21	Payments to affiliates	262,642	220.000	00.150	10.020
22	Depreciation, depletion, and amortization	362,648.	330,260.	20,156.	12,232.
23	Insurance	1,500,848.	1,475,940.	15,463.	9,445.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	FOOD	618,649.	616,441.	783.	1,425.
b	TAXES & LICENSES	18,155.	15,766.	2,359.	30.
с	STAFF TRAINING	14,935.	12,929.	2,006.	
d	RECRUITMENT	14,582.	777.	13,568.	237.
е	All other expenses	62,657.	23,935.	2,466.	36,256.
25	Total functional expenses. Add lines 1 through 24e	36,511,631.	34,387,292.	1,371,469.	752,870.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)

Do not include amounts reported on lines 6b,

7b, 8b, 9b, and 10b of Part VIII.

NATUREBRIDGE

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

(A) Total expenses (B) Program service expenses

Check if Schedule O contains a response or note to any line in this Part IX

(D) Fundraising expenses

(C) Management and general expenses

Form 990 (2021)

132010 12-09-21

6,594,623. 7,756,643. 2 2 Savings and temporary cash investments 1,708,990. 1,307,212. 3 Pledges and grants receivable, net 3 559,212. 169,217. Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 25,401. 35,768. 8 Inventories for sale or use 8 133,382. 9 Prepaid expenses and deferred charges 150,495. 9 **10a** Land, buildings, and equipment: cost or other 13,307,528. basis. Complete Part VI of Schedule D _____ 10a 7,818,713. 30,940,958. 5,488,815. b Less: accumulated depreciation 10b 10c 2,413,982. 2,082,625. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 18,258. 2,428. Other assets. See Part IV, line 11 15 15 43,943,887. 18,256,123. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 813,480. 1,308,922. Accounts payable and accrued expenses 17 17 18 18 Grants payable 829,030. 2,212,272. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 1,985,175. 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 15,449. 26,977. of Schedule D 25 3,643,134. 3,548,171. 26 26 Total liabilities. Add lines 17 through 25

NATUREBRIDGE

Check if Schedule O contains a response or note to any line in this Part X

Organizations that follow FASB ASC 958, check here 🕨 🗵

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Cash - non-interest-bearing

(B)

End of year

1,264,203.

(A)

Beginning of year

1,547,798.

4,286,279.

36,014,474.

40,300,753.

43,943,887.

27

28

29

30

31

32

33

1

14,707,952.

4,371,576.

10,336,376.

Ο.

Form 990 (2021) Part X Balance Sheet

1

Assets

Liabilities

Net Assets or Fund Balances

27

28

29

30

31

32

33

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI X 1 Total revenue (must equal Part VIII, column (A), line 12) 1 11, 430, 799. 2 Total expenses (must equal Part X, column (A), line 25) 2 36, 511, 631. 3 Revenue less expenses. Subtract line 2 from line 1 3 -25, 080, 832. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 40, 300, 753. 5 Net unrealized gains (losses) on investments 6 -41, 250. 7 Investment expenses 7 8 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -44, 643. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 14, 707, 952. Part XII Financial Statements and Reporting 14 -470, 79, 952. 11 Accounting method used to prepare the Form 990: Cash Accrual Other 1 Accounting method used to prepare the Form 990: Cash Accrual Other 2a X X 1 <th>Form</th> <th>990 (2021) NATUREBRIDGE</th> <th>94-214593</th> <th>0</th> <th>Pad</th> <th>_{ge} 12</th>	Form	990 (2021) NATUREBRIDGE	94-214593	0	Pad	_{ge} 12
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8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -44,643. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 14,707,952. Part XII Financial Statements and Reporting 10 14,707,952. Check if Schedule O contains a response or note to any line in this Part XII 1 14,707,952. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Dother is orboilidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Image: the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sep	7		7			
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				3a		X
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b					
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

		Ne en						Engelster	أما مسطنة ا	
Nan		the organization								cation number
Pa	r+ 1	NATURE		(All					94-214	5930
_		Reason for Public (ee instruction	IS.		
The	organ	ization is not a private found	•	e .		,				
1		A church, convention of ch				n 170(b)(1	l)(A)(i).			
2		A school described in section		-						
3		A hospital or a cooperative					-			
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hosp	bital's name,
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic de	scribed in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	: II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
		university:								
10	X	An organization that norma	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross r	eceipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	nd (2) no	more than	33 1/3% of it	s support fi	om gros	s investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	ganization a	fter June	e 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to ca	rry out the	purpose	s of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section	509(a)(3).	heck the	e box on
		lines 12a through 12d that	- describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	l 12g.		
а		Type I. A supporting orga	•••					-	aiving	
		the supported organization	-	-	•	-				1
		organization. You must c			, ,					
b		Type II. A supporting org	-		ion with its	s supporte	d organizatio	n(s), by hay	ina	
-		control or management o	-				-		-	
		organization(s). You mus			ine perce			90 o o opp		
c		Type III functionally inte	-		n connect	tion with a	and functional	llv integrate	d with	
Ŭ		its supported organization						ny mograto	a wiai,	
d		Type III non-functionally		-				ted organiz	ration(s)	
u		that is not functionally int						-		
		requirement (see instructi	•		•		-	anallentin	611633	
~		Check this box if the orga		-						
е		functionally integrated, or					турет, туре	п, туре п		
f	Ent	er the number of supported of	51	any integrated supportin	iy organiz	ation.				
t		vide the following information	•	d organization(c)						
y		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga		(v) Amount o	f monetary	(vi) Ar	nount of other
		organization		(described on lines 1-10	in your governi Yes	No	support (see in	nstructions)	support	(see instructions)
				above (see instructions))						
Tota										

fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Tot 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Tot 2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Tot 3 The value of services or facilities furnished by a governmental unit to the organization without charge (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Tot 4 Total. Add lines 1 through 3 (c) 2019 (c) 2019 (c) 2020 (c) 2021 (f) Tot 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) (c) 2020 (c) 2021 (f) Tot 6 Public support. Subtract line 5 from line 4. (c) 2020 (c) 2020 (c) 2020 (c) 2020 (c) 2020 6 Public support.	n
Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Tot 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Tot 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Tot 3 The value of services or facilities furnished by a governmental unit to the organization without charge (b) 2018 (c) 2019 (c) 2020 (e) 2021 (f) Tot 4 Total. Add lines 1 through 3 (c) 2018 (c) 2019 (c) 2020 (c) 2020 (c) 2021 (f) Tot 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) (c) 2018 (c) 2019 (c) 2020 (e) 2021 (f) Tot 6 Public support. Subtract line 5 from line 4. (c) 2018 (c) 2018 (c) 2020 (c) 2021 (f) 701	
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 2 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2 4 Total. Add lines 1 through 3 2 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 4	
membership fees received. (Do not include any "unusual grants.") Image: Construct of the organization's benefit and either paid to or expended on its behalf Image: Construct of the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Image: Construct of the organization without charge 4 Total. Add lines 1 through 3 Image: Construct of the organization of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Construct of the organized line 4.	11
include any "unusual grants.")	
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf Image: Construct of the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Image: Construct of the organization without charge 4 Total. Add lines 1 through 3 Image: Construct of the organization of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Construct of the organization includes the organization includes the organization includes the organization of the organization includes the organization of the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Construct of the organization of the organizat	
ization's benefit and either paid to or expended on its behalf	
or expended on its behalf	
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furnished by a governmental unit to the organization without charge	
the organization without charge	
4 Total. Add lines 1 through 3	
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Column (f) 6 Public support. Subtract line 5 from line 4. Image: Column (f)	
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4.	
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. on line 1	
on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Column (f) 6 Public support. Subtract line 5 from line 4. Image: Column (f)	
amount shown on line 11, column (f)	
column (f)	
6 Public support. Subtract line 5 from line 4.	
Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Tot	
7 Amounts from line 4 (a) 2017 (b) 2013 (c) 2019 (b) 2020 (c) 2021 (f) 101	11
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources	
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	
11 Total support. Add lines 7 through 10	
12 Gross receipts from related activities, etc. (see instructions) 12 12 First Forms 16 the form 200 is for the completion is for the completion in the completion in the completion is for the completion in the completion in the completion is for the completion in the completing data completion in the completion in the co	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here Section C. Computation of Public Support Percentage	<u>•</u>
14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14	9
15 Public support percentage from 2020 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	7
a a second design and a second	•
stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

NATUREBRIDGE

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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Page **2**

132022 01-04-22

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support **(a)** 2017 Calendar year (or fiscal year beginning in) 🕨 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 6,366,364 6,691,960. 7,340,557. 6,781,422 32,891,437. include any "unusual grants.") 5,711,134 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 14,306,756 13,418,311 8,741,712. 337,184. 4,604,156 41,408,119. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organ-4 ization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 7,677,741. 20,673,120 19,129,445, 15,433,672 11,385,578, 74,299,556. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 1,215,197 684,922 284,608 537,805, 237,761 2,960,293. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 1,215,197 684,922, 284,608 537,805, 237,761 2,960 293 71,339,263. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 20,673,120 19,129,445 15,433,672 7,677,741 11,385,578 74,299,556. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 148,546. 169,047 158,665, 117,131. 173,352, 766,741. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 11 782 10 338 22,120. 148,546 180,829 158,665 117,131. 183,690 788,861. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 145,694 143,911 19,381 49,132, 358,118. assets (Explain in Part VI.) 7,794,872. 20,967,360. 19,454,185. 15,611,718. 11,618,400. 75,446,535. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 94.56 % 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 93.65 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 1.05 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 % 17 .81 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021 132023 01-04-22

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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17 2021.05080 NATUREBRIDGE

10b Schedule A (Form 990) 2021

	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	tion B. Type Toupporting Organizations		Vee	Na
	Did the second is had, manching of the second is had, officers of the institution of is a second second second is a first second s		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	-		
0	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			N	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			N	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard.			
000	tion E. Lyne III Functionally Integrated Supporting Urganizations	3		
4	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions			
а	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below.			
a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.).		
a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in).	· ·	No
a b c 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.).	<u>s).</u> Yes	No
a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of).	· ·	No
a b c 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify).	· ·	No
a b c 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,).	· ·	No
a b c 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined).	· ·	No
a b c 2 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.).	· ·	No
a b c 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described on line 2a, above, constitute activities that, but for the organization's involvement,).	· ·	No
a b c 2 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. <i>Complete</i> line 2 below. The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below. The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," explain in).	· ·	No
a b c 2 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. <i>Complete</i> line 2 below. The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below. The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in). Instruction	· ·	No
a b c 2 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i> . The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> . The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a governmental entity</i> (see in Activities Test. Answer lines 2a and 2b below . Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain <i>how these activities directly furthered their exempt purposes</i> , <i>how the organization was responsive to those supported organizations, and how the organization determined</i> <i>that these activities constituted substantially all of its activities</i> . Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI <i>the reasons for the organization's involvement</i> .).	· ·	No
a b 2 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. <i>Complete</i> line 2 below. The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below. The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.). Instruction	· ·	No
a b 2 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. <i>Complete</i> line 2 below. The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below. The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below . Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below . Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or). Instruction	· ·	No
a b c 2 a b 3 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i> . The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> . The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a governmental entity</i> (see in Activities Test. Answer lines 2a and 2b below . Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain <i>how these activities directly furthered their exempt purposes</i> , <i>how the organization was responsive to those supported organizations, and how the organization determined</i> <i>that these activities constituted substantially all of its activities</i> . Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in <i>these activities but for the organization's involvement</i> . Parent of Supported Organizations. Answer lines 3a and 3b below . Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in</i> Part VI .). Instruction	· ·	No
a b c 2 a b 3 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. <i>Complete</i> line 2 below. The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below. The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below . Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below . Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or). Instruction	· ·	No

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NATUREBRIDGE

 Schedule A (Form 990) 2021
 NATUREBRIDGE

 Part IV
 Supporting Organizations (continued)

chedule A (Form 990) 2021 NATUREBRIDGE Part V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	94-2145930 Pa
1 Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
All other Type III non-functionally integrated supporting organizations mu			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2021

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Sche	dule A (Form 990) 2021 NATUREBRIDGE				94-2145930	Page 7
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)		
Sect	on D - Distributions				Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
C	Excess from 2019					
d	Excess from 2020					
e	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A (Form 99		94-2145930	Page
Part IV line 1; l Sectior	lemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or , Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V n D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition structions.)	and 2; Part IV, Sectic , Section B, line 1e; P	on C, Part V,
SCHEDULE A, PAR	T III, LINE 12, EXPLANATION FOR OTHER INCOME:		
GROSS INCOME FR	OM FUNDRAISING EVENTS		
2017 AMOUNT: \$	117,583.		
2018 AMOUNT: \$	109,129.		
2019 AMOUNT: \$	6,305.		
2021 AMOUNT: \$	42,422.		
GROSS SALES OF	INVENTORY		
2017 AMOUNT: \$	22,911.		
2018 AMOUNT: \$	23,262.		
2019 AMOUNT: \$	13,076.		
2021 AMOUNT: \$	1,235.		
GROSS INCOME FR	OM FUNDRAISING RAFFLES		
2017 AMOUNT: \$	5,200.		
2018 AMOUNT: \$			
2021 AMOUNT: \$	5,475.		

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

202

Employer identification number

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	NATUREBRIDGE	94-2145930
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page 2
Name of o	rganization	Em	ployer identification number
NATUREBR	RIDGE		94-2145930
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$26,033.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
3	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$23,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$41,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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chedule	В	(Form	990)	(2021)	

	3 (Form 990) (2021)		Page
Name of or	rganization	Er	nployer identification number
NATUREBR	IDGE		94-2145930
Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,78	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$5,31	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,00	0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$20,00	0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	-21	\$23,50	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

	3 (Form 990) (2021)		Page 2
Name of or	rganization		Employer identification number
NATUREBR	IDGE		94-2145930
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
13		\$5,`	733. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
14		\$5,i	000. Person X Payroll Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
15			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
16		\$20,1	000. Person X Payroll Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
17		\$10,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
18		\$100,	000. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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	B (Form 990) (2021)		Page 2
Name of o	rganization	Er	nployer identification number
NATUREBR	RIDGE		94-2145930
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$50,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$15,000	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$12,210	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$40,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23_		\$100,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$20,210	Person X Payroll

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	3 (Form 990) (2021)		Page 2
Name of or	rganization	E	mployer identification number
NATUREBR	IDGE		94-2145930
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$6,38	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$6,90	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$25,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$5,98	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29_		\$10,10	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$22,50	00. Person X Payroll Image: Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page
Name of or	rganization		Employer identification number
NATUREBR	LIDGE		94-2145930
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
31		\$15,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
32		\$10,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u> <u>33</u>	Name, address, and ZIP + 4	Total contribution	ns Type of contribution Person X Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
34		\$13,	931. Person X 931. Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
35		\$10,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
36		\$5,	000. Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

	3 (Form 990) (2021)			Page 2
Name of or	rganization		Emplo	yer identification number
NATUREBR	IDGE		9	4-2145930
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution
37_		\$	5,163.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution
38		\$	6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contribut	_	(d)
39	Name, address, and ZIP + 4		0,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution
		\$1	0,186.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution
		\$2	0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	ions	(d) Type of contribution
42		\$1	0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

	3 (Form 990) (2021)		Page 2
Name of or	rganization	E	mployer identification number
NATUREBR	IDGE		94-2145930
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$5,00	0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$9,46	6. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u>		\$16,89	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$10,50	0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$25,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$33,17	8. Person X 9. Payroll Image: Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

	B (Form 990) (2021)			Page 2
Name of or	rganization		Emplo	yer identification number
NATUREBR	IDGE		94	4-2145930
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
<u>49</u>		- _ \$5	,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
50		- \$\$18	,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		- _ \$25	,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		- \$\$	<u>,995.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
53		- - \$9	<u>,000.</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
54		-	,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

123452 11-11-21

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	B (Form 990) (2021)		Page 2	
Name of or	rganization		Employer identification number	
NATUREBRIDGE			94-2145930	
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution	
55		\$11	,554. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution	
56		\$5	,163. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
<u> </u>	Name, address, and ZIP + 4	Total contributio	ns Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution	
58_		\$ 5	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution	
59		\$10	, 324 . Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution	
60	-21	\$25	,249. Person X Payroll Noncash X (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)	

60350__1

	B (Form 990) (2021)		Page 2	
Name of o	rganization	Emplo	oyer identification number	
NATUREBR	IDGE	2	94-2145930	
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
61_		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
62		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
63		\$7,053.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
64		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
65		\$1,985,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
66		\$5,163.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

60350__1

123452 11-11-21

	B (Form 990) (2021)		Page 2	
Name of or	rganization		Employer identification number	
NATUREBRIDGE			94-2145930	
Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution	
67_		\$25,0	Person X Payroll Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution	
68		\$10,(Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
<u> </u>	Name, address, and ZIP + 4	Total contribution	s Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution	
70		\$10,0	D00. Person X Payroll D Noncash D (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution	
		\$5,0	Person X Payroll Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution	
72		\$10,:	108. Person X Payroll Image: Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)	

	3 (Form 990) (2021)		Page	
Name of or	ganization		Employer identification number	
NATUREBRIDGE			94-2145930	
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution	
73		\$10,	Person X Payroll Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution	
74		\$5,	214. Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution	
75	, , , , , , , , , , , , , , , , ,		Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution	
76		\$76,	081. Person X 000000000000000000000000000000000000	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution	
77_		\$25,	000. Person X Payroll Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution	
78		\$15,	000. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)	

	3 (Form 990) (2021)		Page
Name of or	rganization		Employer identification number
NATUREBR	IDGE		94-2145930
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
79_		\$34,	946. Person X 946. Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
80		\$5,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>81</u>	Name, address, and ZIP + 4	Total contribution	Image: system state
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
82		\$45,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
83		\$8,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
84	-21	\$500,	000. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

	3 (Form 990) (2021)	I	Page 2
Name of or	rganization	Emp	bloyer identification number
NATUREBR	IDGE		94-2145930
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$33,187.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$121,076.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page 2
Name of o	rganization	Em	ployer identification number
NATUREBR	RIDGE		94-2145930
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$32,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$18,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$20,000	Person X Payroll

123452 11-11-21

	B (Form 990) (2021)		.ge 2
Name of o	rganization	Employer identification numb	er
NATUREBR	RIDGE	94-2145930	
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	n
97		\$6,466. Person X \$6,466. Payroll I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	n
98		\$50,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	n
99		\$75,000. Person X Payroll D Noncash D (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	n
		\$ 30,000. \$ 30,000. Person Payroll Payroll (Complete Part II for noncash contributions.))
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	n
		\$15,000. Person X Payroll D Noncash Contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	n
		Person X \$\$ 5,000. Payroll (Complete Part II for noncash contributions.	

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	3 (Form 990) (2021)	1	Page 2
Name of or	rganization	Emp	bloyer identification number
NATUREBR	IDGE		94-2145930
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$60,108.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$16,099.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Person Payroll Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$24,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$58,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$42,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

	3 (Form 990) (2021)		- I	Page 2
Name of or	rganization		Employer ident	ification number
NATUREBR	IDGE		94-21459	30
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions Type	(d) of contribution
		\$15		oll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions Type	(d) of contribution
		\$24		oll
(a)	(b)	(c)		(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contribut	7,000. (Completer	oll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions Type	(d) of contribution
		\$		oll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions Type	(d) of contribution
		\$2		oll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	tions Type	(d) of contribution
114		\$1	noncasł	oll

	B (Form 990) (2021)		Page 2
Name of or	rganization		Employer identification number
NATUREBR	IDGE		94-2145930
Part I	Contributors (see instructions). Use duplicate copies of Part I is	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$210,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$34,	250. Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
		\$318,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
123452 11-11		\$	Person Payroll Occupient Payroll (Complete Part II for noncash contributions.)

Schedule I	B (Form 990) (2021)			Page 3
Name of o	rganization		Employ	ver identification number
NATUREBR	RIDGE		94	-2145930
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
45	50 CARD PORTFOLIO SETS, 150 NOTEBOOKS, 50 JOURNALS, AND 170 BOOKS			
		\$8	,397.	02/22/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
52	520 MUGS AND 30 WATER BOTTLES			
		\$6	,995.	11/17/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
	108 SHARES ILMN			
60		\$25	216.	08/24/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
105	NPS BANDANA			
		\$7	,650.	03/21/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
106	BEVERAGE			
		\$24	,000.	03/23/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		¢		
		\$		

123453 11-11-21

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Schedule B (Form 990) (2021)

Schedule B (I	Form 990)	(2021)
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lame of or	ganization			Employer identification number
ATUREBR:	IDGE			94-2145930
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	(a) through (e) and the following line (charitable, etc., contributions of \$1,000	ntry For organization	
(a) No. from	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
Part I	(b) Pulpose of gift	(c) use of gift		a) Description of now gift is neid
-		(e) Transfer of g	 ift	
-	Transferee's name, address, a	and ZIP + 4	Relationshi	p of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of g	 ift	
-	Transferee's name, address, a	and ZIP + 4	Relationshi	p of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of g	 ift	
-	Transferee's name, address, a	and ZIP + 4	Relationshi	p of transferor to transferee
a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
—				
Γ		(e) Transfer of g		
-	Transferee's name, address, a	and ZIP + 4	Relationshi	p of transferor to transferee
3454 11-11-	21	I		Schedule B (Form 990) (20

44 2021.05080 NATUREBRIDGE SCHEDULE D

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public
Inspection

Name of the organization

	ment of the Treasury I Revenue Service		Attach to Form 990. 00 for instructions and the latest inform	nation.		Open to Inspect	
	e of the organizati				Employe	r identificatio 94-2145930	n number
Pa		ations Maintaining Donor Advised		or Ac	counts.	Complete if the	ne
	organizatio	on answered "Yes" on Form 990, Part IV, line					
		-	(a) Donor advised funds	(k	o) Funds ar	nd other accou	unts
1	Total number at e	nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5	-	on inform all donors and donor advisors in w	-				—
•	-	on's property, subject to the organization's e				L Yes	No
6		on inform all grantees, donors, and donor ad					
		coses and not for the benefit of the donor or			•		
Pa	impermissible priv	vation Easements. Complete if the org	anization answered "Ves" on Form 990			Yes	No No
1		servation easements held by the organization		Tarriv, I			
•		n of land for public use (for example, recreat		f a histor	rically impo	ortant land area	a
		of natural habitat	Preservation o		• •		
		n of open space		a cortin		otraotaro	
2		a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a con	servation e	easement on th	ne last
	day of the tax yea	o i		ſ		l at the End of th	
а	Total number of c	onservation easements			2a		
b	Total acreage rest			Г	2b		
с	Number of conser	rvation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conser	rvation easements included in (c) acquired a	fter 7/25/06, and not on a historic struct	ure			
	listed in the Nation	nal Register		[2d		
3	Number of conser	rvation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organiz	ation durin	ig the tax	
	year 🕨						
4		where property subject to conservation eas					
5	-	ation have a written policy regarding the peri					
-		forcement of the conservation easements it					No
6	Staff and voluntee	er hours devoted to monitoring, inspecting, h	handling of violations, and enforcing cons	servatior	n easement	ts during the y	ear
-							
'	► \$	ses incurred in monitoring, inspecting, hand	ing of violations, and enforcing conserva	ation eas	ements du	ring the year	
8		rvation easement reported on line 2(d) above	satisfy the requirements of section 170	(b)(4)(B)(i	`		
0		n)(4)(B)(ii)?			-	Yes	No
9		be how the organization reports conservation					
•		d include, if applicable, the text of the footn	•			the	
	organization's acc	counting for conservation easements.	-				
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Si	milar As	sets.	
	Complete i	if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balaı	nce sheet v	works	
	of art, historical tr	easures, or other similar assets held for pub	lic exhibition, education, or research in fu	urtherand	ce of public	c	
	service, provide in	n Part XIII the text of the footnote to its finan	cial statements that describes these iten	ns.			
b	°	elected, as permitted under FASB ASC 958					
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furth	herance	of public s	ervice,	
	-	ing amounts relating to these items:					
		uded on Form 990, Part VIII, line 1			▶ \$_		
		ed in Form 990, Part X					
2	•	received or held works of art, historical trea		al gain, p	rovide		
	-	unts required to be reported under FASB AS	-		. .		
a		I on Form 990, Part VIII, line 1					
b	Assets included in	n Form 990, Part X			▶ \$		

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

45 2021.05080 NATUREBRIDGE

	Sche	dule D (Form 990) 2021 NATUREBRIDG					94-214		Pa	_{age} 2
collecton lems (check all that apply): Collecton lems (check all that apply): Collecton lems (check all that apply): Collecton lems (check all that apply): b Scholarly research Collecton lems (check all that apply): c Provide a control that or ganization solections and explain how they further the organization's exempt purpose in Part XIII. 5 Using the year, did the organization's collections? Yes No Part I Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, Ine 21. Is the organization and the organization's collection? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	i (contii	nued)	
a Public exhibition d □ can or exchange program b Scholarly research e Other	3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant	use of its			
b Scholarly research e Other c Preservation for future generations's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Using the year, did the organization socilections and explain how they further the organization's exempt purpose in Part XIII. 6 Diring the year, did the organization's collections? Yes No Part II Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 5, or resported an amount on Form 990, Part X, line 21. Ta is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 1e 1e c Beginning balance 1e		collection items (check all that apply):								
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basis (investment) basis (other) depreciation 1a Land 4,173,129 2,812,370 1,360,759 b Buildings 2,894,600 2,246,899 647,701 c Leasehold improvements 2,479,722 2,272,050 207,672 e Other 3,760,077 487,394 3,272,683 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 5,488,815		Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	(, line 10.				
1a Land 4,173,129. 2,812,370. 1,360,759. b Buildings 2,894,600. 2,246,899. 647,701. c Leasehold improvements 2,479,722. 2,272,050. 207,672. e Other 3,760,077. 487,394. 3,272,683. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 5,488,815.		Description of property	1	• • •	. ,			(d) Boo	k valu	e
b Buildings 4,173,129. 2,812,370. 1,360,759. c Leasehold improvements 2,894,600. 2,246,899. 647,701. d Equipment 2,479,722. 2,272,050. 207,672. e Other 3,760,077. 487,394. 3,272,683. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) 5,488,815.		Level		Dasis		epreciation	1			
c Leasehold improvements 2,894,600. 2,246,899. 647,701. d Equipment 2,479,722. 2,272,050. 207,672. e Other 3,760,077. 487,394. 3,272,683. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 5,488,815.				Α	173 120	2 912	370	1	360	750
d Equipment 2,479,722. 2,272,050. 207,672. e Other 3,760,077. 487,394. 3,272,683. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.) 5,488,815.					, ,			1		
e Other 3,760,077. 487,394. 3,272,683. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 5,488,815. 5,488,815.										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					· · ·			3		
					, ,		<u> </u>			
	TULA	a nuo mies ra unougi re. (Column (d) must ei	<u>uuai Form 990, Part /</u>	<u>, column (B), line 1</u>	UC.J	<u></u>	Schedula			

09260512 758661 60350

Complete if the organization answered "Yes" or			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of vear market value
			or year market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEPOSITS PAYABLE			26,977.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	<u>25.)</u>		26,977.
2. Liability for uncertain tax positions. In Part XIII, provide the	he text of the footnote to	o the organization's financial statements th	at reports the

94-2145930 Page **3**

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🗴 Schedule D (Form 990) 2021

132053 10-28-21

Schedule D (Form 990) 2021 NATUREBRIDGE

Part VII Investments - Other Securities.

Sche	dule D (Form 990) 2021 NATUREBRIDGE			94-21459	30 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	11,389,114.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-426,076.		
b	Donated services and use of facilities	2b	330,893.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		-350,922.		
е	Add lines 2a through 2d			2e	-446,105.
3	Subtract line 2e from line 1			3	11,835,219.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-404,420.		
с	Add lines 4a and 4b			4c	-404,420.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	11,430,799.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With I	Expenses per F	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	36,981,915.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	372,143.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)		404,420.		
е	Add lines 2a through 2d			2e	776,563.
3	Subtract line 2e from line 1			3	36,205,352.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	306,279.		
с	Add lines 4a and 4b			4c	306,279.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<u></u>	5	36,511,631.
Pa	rt XIII Supplemental Information.				
Drow	de the descriptions required for Part II lines 3, 5, and 9. Part III lines 1a and 4. Part	IV lines 1h a	nd 2h· Part V line 4	· Dart X line 2	Port XI

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION'S PERMANENTLY RESTRICTED NET ASSETS CONSIST OF TWELVE

ENDOWMENT FUNDS, WHICH HAVE BEEN ESTABLISHED FOR A VARIETY OF PURPOSES.

THESE FUNDS ARE INVESTED IN PERPETUITY, THE INCOME FROM WHICH IS

EXPENDABLE FOR OPERATIONS. CERTAIN OF THE ENDOWMENT FUNDS OF THE

ORGANIZATION ARE SUBJECT TO DONOR RESTRICTIONS REQUIRING THAT THE INCOME

BE USED ONLY FOR SPECIFIED PURPOSES, WHILE INCOME FROM THE REMAINING

ENDOWMENTS MAY BE USED FOR THE GENERAL PURPOSES OF THE ORGANIZATION.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE

132054 10-28-21

Part XIII Supplemental Information (continued)

CALIFORNIA REVENUE AND TAXATION CODE, AND IS NOT CONSIDERED BY THE

INTERNAL REVENUE SERVICE TO BE A PRIVATE FOUNDATION.

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT

IT HAS MAINTAINED ITS TAX-EXEMPT STATUS AND THAT THE ORGANIZATION HAS

TAKEN NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE ADJUSTMENTS IN THE

FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THIS GUIDANCE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SCHOLARSHIP EXPENSES NETTED AGAINST REVENUE -306,279.

LOSS ON UNCOLLECTIBLE PLEDGE

TOTAL TO SCHEDULE D, PART XI, LINE 2D

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES RECLASSIFIED TO REVENUE -39,900.

TOTAL TO SCHEDULE D, PART XI, LINE 4B

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES RECLASSIFIED TO REVENUE

FUNDRAISING EXPENSES RECLASSIFIED TO REVENUE

FUNDRAISING EXPENSES RECLASSIFIED TO REVENUE

TOTAL TO SCHEDULE D, PART XII, LINE 2D

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIP EXPENSES NETTED AGAINST REVENUE

306,279.

-44,643.

-350,922.

-364,520.

-404,420.

39,900.

364,520.

404,420.

Schedule D (Form 990) 2021

132055 10-28-21

49 2021.05080 NATUREBRIDGE

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities o	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2021
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for instr	uction	s and	the latest information	on.	_	Inspection
Name of the organization	n NATUREBRIDO	GE					94-214593	entification number
	sing Activities. complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-EZ	filers are not
 Indicate whether the a Mail solicitation Mail solicitation Internet and Phone solicitation In-person solicitation 	e organization rais tions email solicitations itations blicitations on have a written o ted in Form 990, Pa) highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
Total 3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is e	exempt from re	gistration
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Z.		Schedule	e G (Form 990) 2021

132081 10-21-21

Schedule G	(Form	990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
a)		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	858,527.			858,527.
:	2 Less: Contributions	816,105.			816,105.
	Gross income (line 1 minus line 2)	42,422.			42,422.
	4 Cash prizes				
	5 Noncash prizes				
bense	6 Rent/facility costs	117,577.			117,577.
Direct Expenses	7 Food and beverages	103,396.			103,396.
	B Entertainment				
		143,547.			143,547.
1	0 Direct expense summary. Add lines 4 throug	h 9 in column (d)		>	364,520.
1	1 Net income summary. Subtract line 10 from I	line 3, column (d)		►	-322,098.
Par	t III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.				
er		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
se	2	Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
	ls t	the organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?		Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
~						

132082 10-21-21

Sch	edule G (Form 990) 2021 NATUREBRIDGE	94-214	1593	0	Pa	ge 3
	Does the organization conduct gaming activities with nonmembers?	[Yes		No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed					
	to administer charitable gaming?	[Yes		No
13	Indicate the percentage of gaming activity conducted in:					
a	The organization's facility	L	13a			%
	An outside facility		13b			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:					
	Name					
	Address					
		Г		V		NI -
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L		Yes		No
Ľ	o If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount					
_	of gaming revenue retained by the third party > \$					
C	If "Yes," enter name and address of the third party:					
	Name					
	Address 🕨					
16	Gaming manager information:					
	Name					
	Gaming manager compensation 🕨 💲					
	Description of services provided 🕨					
	Director/officer Employee Independent contractor					
17	Mandatory distributions:					
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	г				
	retain the state gaming license?	L		Yes		No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	е				
De	organization's own exempt activities during the tax year s s					
Fd	ITTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	1 Part I	II, lir	ies 9,	9b, 10	Ib,
	150, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.					
_						
_						
1320	83 10-21-21 Sc	chedule	G (Form	990)	2021

09260512 758661 60350

SCHEDULE I	ſ	Grants and Oth	er Assistan	ce to Organ	izations		OMB No. 1545-0047
(Form 990)	Go	vernments, an	d Individual	s in the Ŭni	ted States		2021
	Compl	lete if the organization			rt IV, line 21 or 22.		
Department of the Treasury Internal Revenue Service		Co to wave in	Attach to Fori s.gov/Form990 fo		ation		Open to Public Inspection
Name of the organization			5.90%/F011199010				Employer identification number
NATUREBRIDGE							94-2145930
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t		-			-	tance, and the selection	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I	•				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than s					(f) Method of		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CRESCENT ELEMENTARY SCHOOL							
PO BOX 20		FAIRFIELD-SUISUN					
JOYCE, WA 98343	91-1082583	USD	8,420.	0.			STUDENT SCHOLARSHIP
DOWNEY HIGH SCHOOL 11040 BROOKSHIRE AVE DOWNEY, CA 90241-3889	94-1170350	DOWNEY USD	6,439.	0.			STUDENT SCHOLARSHIP
FRANCIS SCOTT KEY ELEMENTARY SCHOOL – 5001 DANA PL, NW – WASHINGTON, DC 20016	53-6001131	DCPS	7,260.	0.			STUDENT SCHOLARSHIP
FRED LYNN MIDDLE SCHOOL 1650 PRINCE WILLIAM PARKWAY WOODBRIDGE, VA 22191	54-6001533	PRINCE WILLIAM COUNT	7,992.	0.			STUDENT SCHOLARSHIP
GRAHAM PARK MIDDLE SCHOOL 3613 GRAHAM PARK RD. TRIANGLE, VA 22172	54-6001533	PRINCE WILLIAM COUNT	6,951.	0.			STUDENT SCHOLARSHIP
HOOVER COMMUNITY SCHOOL 701 CHARTER STREET REDWOOD CITY, CA 94063	94-3084018	REDWOOD CITY SCH DIS	7,028.	0.			STUDENT SCHOLARSHIP
2 Enter total number of section 501(c)(3) at	nd government or	ganizations listed in the	e line 1 table				19.
3 Enter total number of other organizations	s listed in the line [.]	1 table					0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) NATUREBRIDGE

94-2145930 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAFAYETTE ELEMENTARY SCHOOL							
5701 BROAD BRANCH ROAD, NW							
WASHINGTON, DC 20015	53-6001131	DCPS	22,164.	0.			STUDENT SCHOLARSHIP
LAKE RIDGE MIDDLE SCHOOL							
12350 MOHICAN RD							
WOODBRIDGE, VA 22192	54-6001533	LAKE OSWEGO SCH	5,910.	0.			STUDENT SCHOLARSHIP
MCKINLEY INSTITUTE OF TECHNOLOGY							
400 DUANE STREET							
REDWOOD CITY, CA 94062	94-3084018	REDWOOD CITY ELE	10,000.	0.			STUDENT SCHOLARSHIP
MUDOU DI ENTINENDI COUCOI							
MURCH ELEMENTARY SCHOOL 4810 36TH STREET NW							
WASHINGTON, DC 20008	53-6001131	DCPS	19,750.	0.			STUDENT SCHOLARSHIP
WABILINGTON, DC 20000	55 0001151		19,750.	0.			
NICHOLAS & MARTIN LUTHER KING JR.							
ELEMENTARY - 6601 STEINER DRIVE -							
SACRAMENTO, CA 95823	94-6002491	OAKLAND USD	23,616.	0.			STUDENT SCHOLARSHIP
QUILCENE SCHOOL DISTRICT							
PO BOX 40 QUILCENE, WA 98376	91-0928083	QUILCENE SCH DIS	5,931.	0.			STUDENT SCHOLARSHIP
QUILCENE, WA 90370	51 0520005	QUILCHAE SCH DIS	5,551.				DIODENI SCHOLANSHII
RAVENSWOOD MIDDLE SCHOOL							
2450 RALMAR AVE							
EAST PALO ALTO, CA 94303	77-0209800	RAVENSWOOD CITY	24,192.	0.			STUDENT SCHOLARSHIP
ROOSEVELT ELEMENTARY SCHOOL							
2223 VERA AVE.	04 2084010	DODE ANORI EG. COU	6 000				
REDWOOD CITY, CA 94061	94-3084018	PORT ANGELES SCH	6,000.	0.			STUDENT SCHOLARSHIP
ST. PATRICK ACADEMY							
5945 FRANKLIN BLVD.							
SACRAMENTO, CA 95824	68-0447766	DIOCESE OF SACRA	8,098.	Ο.			STUDENT SCHOLARSHIP

Schedule I (Form 990) NATUREBRIDGE 94-2145930 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEKOA ELEMENTARY SCHOOL							
PO BOX 869							
ГЕКОА, WA 99033	91-1127225	TEKOA SCH DISTRI	7,232.	0.			STUDENT SCHOLARSHIP
IWO RIVERS PCS - YOUNG ELEMENTARY							
820 26TH STREET NE							
WASHINGTON, DC 20002	41-2089357	501(C)(3)	9,196.	0.			STUDENT SCHOLARSHIP
VINE STREET ELEMENTARY							
955 N. VINE STREET							
LOS ANGELES, CA 90038	95-6001908	LOS ANGELES USD	10,000.	0.			STUDENT SCHOLARSHIP
,			,				ESTABLISH THE NATIONAL
NATIONAL PARK SERVICE							ENVIRONMENTAL SCIENCE
1849 C STREET NW							CENTER IN YOSEMITE
WASHINGTON, DC 20240	53-0197094	US DEPT OF INTER	٥.	25,831,746.	COST	BUILDINGS	NATIONAL PARK.

Schedule I (Form 990) 2021

NATUREBRIDGE

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

NATUREBRIDGE IS ABLE TO MAKE ENVIRONMENTAL EDUCATION PROGRAMS ACCESSIBLE TO

SCHOOLS AND COMMUNITY GROUPS, REGARDLESS OF ECONOMIC MEANS. FOR SCHOOLS

THAT REQUIRE FINANCIAL ASSISTANCE. THE FUNDING IS DETERMINED BY THE

PERCENTAGE OF STUDENTS WHO QUALIFY FOR THE FEDERAL FREE AND REDUCED-PRICE

LUNCH PROGRAM. NATUREBRIDGE OCCASIONALLY MAKES GRANTS TO OTHER

ENVIRONMENTAL EDUCATION ORGANIZATIONS IN FURTHERANCE OF THE ORGANIZATION'S

MISSION. NATUREBRIDGE EVALUATES THE ORGANIZATION'S ELIGIBILITY TO RECEIVE

FUNDS AND REQUESTS REPORT ON USE OF FUNDS PROVIDED.

SC	HEDULE J	Compensation I	nformation	1	OMB No. 1	545-004	17	
(Fo	rm 990)	- For certain Officers, Directors, Trustees	, Key Employees, and Highest		20	71		
		Compensated Em			20	2	J	
Depa	tment of the Treasury	Complete if the organization answered "Ye Attach to Form			Open to Public			
	al Revenue Service	Go to www.irs.gov/Form990 for instruc			Inspe	ction		
Nam	e of the organization			Employer ide	entificatio	n nur	nber	
		NATUREBRIDGE		94-21	45930			
Pa	rt I Question	Regarding Compensation						
						Yes	No	
1a		te box(es) if the organization provided any of the following	•	990,				
		ine 1a. Complete Part III to provide any relevant information	tion regarding these items.					
	First-class or c		ng allowance or residence for persor	nal use				
	Travel for com		ents for business use of personal res					
			or social club dues or initiation fees					
	Discretionary s	pending account Perso	nal services (such as maid, chauffeu	r, chef)				
-								
b	,	n line 1a are checked, did the organization follow a writt						
-		ovision of all of the expenses described above? If "No,"			. 1b			
2		require substantiation prior to reimbursing or allowing e						
	trustees, and office	s, including the CEO/Executive Director, regarding the it	ems checked on line 1a?		. 2			
•								
3		y, of the following the organization used to establish the						
		ctor. Check all that apply. Do not check any boxes for m		on to				
		tion of the CEO/Executive Director, but explain in Part III						
	X Compensation		n employment contract					
			ensation survey or study					
	X Form 990 of of	her organizations	val by the board or compensation co	ommittee				
4	During the year did	any person listed on Form 990, Part VII, Section A, line ⁻	1a with respect to the filing					
•	organization or a re	•••	ra, what respect to the himig					
а	•				4a		х	
		eive payment from a supplemental nonqualified retirement					x	
	-	eive payment from an equity-based compensation arrange	-				x	
-	•	es 4a-c, list the persons and provide the applicable amo						
	·····,	,						
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations must comp	olete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the organiza		n				
	contingent on the re	· · · · · · · · · · · · · · · · · · ·						
а	e e				5a		х	
		ition?					Х	
		5b, describe in Part III.						
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organiza	tion pay or accrue any compensation	n				
	contingent on the n	et earnings of:						
а	The organization?	-			6a		Х	
		tion?					X	
		^r 6b, describe in Part III.						
7	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organiza	tion provide any nonfixed payments					
		es 5 and 6? If "Yes," describe in Part III			7		х	
8		eported on Form 990, Part VII, paid or accrued pursuant						
		otion described in Regulations section 53.4958-4(a)(3)? It			8		Х	
9	If "Yes" on line 8, di	d the organization also follow the rebuttable presumption						
		53.4958-6(c)?		<u></u>	9			
LHA		duction Act Notice, see the Instructions for Form 990			le J (Form	n 990)	2021	

132111 11-02-21

94-2145930

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PHILLIP KILBRIDGE	(i)	183,886.	0.	0.	2,934.	15,508.	202,328.	٥.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	٥.
(2) JUDY LIN	(i)	165,822.	0.	0.	2,546.	2,205.	170,573.	0.
соо	(ii)	0.	٥.	0.	0.	0.	0.	0.
(3) AARON CRAIG RICH	(i)	140,235.	٥.	0.	2,036.	10,885.	153,156.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	٥.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2021 Open to Public Inspection

Name of the	organization
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NATUREBRIDGE

Employer identification number
94-2145930

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		7,650.	FAIR MARKET VALU	E		
6	Cars and other vehicles			,				
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	6	30,397.	FAIR MARKET VALU	E		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16								
17								
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (FOOD, BEVERAG)	X	2	32,903.	FAIR MARKET VALU	E		
26	Other OFFICE SUPPLI	Х	1	8,397.	FAIR MARKET VALU	Έ		
27	Other (MUGS, WATER B)	Х	1	6,995.	FAIR MARKET VALU	Έ		
28	Other ()			,				
29	Number of Forms 8283 received by the organization	ation during	the tax vear for co	ontributions				
	for which the organization completed Form 828						0	
	5	, ,	5				Yes	No
30a	During the year, did the organization receive by	contributio	n anv propertv rep	orted in Part I. lines 1 throud	ıh 28. that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		x
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po	olicy that re	quires the review o	of any nonstandard contribu	tions?	31	х	
	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?		•	· •		32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	lumn (c) foi	a type of property	/ for which column (a) is che	cked,			
	describe in Part II.		, i i i,		,			

132141 11-17-21

09260512 758661 60350

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021 NATUREBRIDGE	94-2145930	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution part for any additional information.	33, and whether the organiz ombination of both. Also cor	zation
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER OF CONTRIBUTIONS REFLECTS THE NUMBER OF DONORS.		
132142 11-17-21	Schedule M (For	m 900) 202
	Schedule M (FO	

09260512 758661 60350

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 94-2145930

NATUREBRIDGE

FORM 990, PART I, LINE 6:

NATUREBRIDGE MAINTAINS A VOLUNTEER TRACKING SPREADSHEET. VOLUNTEERS

PRIMARILY INCLUDE MEMBERS OF THE NATIONAL BOARD AND EACH LOCAL BOARD.

OTHER INDIVIDUALS WHO PARTICIPATE IN THE ORGANIZATION'S FUNDRAISING

EVENTS ARE ALSO INCLUDED IN THE LIST OF VOLUNTEERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BOTH IN-DEPTH LEARNING AND A LIFELONG CONNECTION TO NATURE. EACH

PROGRAM IS CUSTOMIZED TO MEET INDIVIDUAL SCHOOL GROUPS' ACADEMIC NEEDS

AND ALIGN WITH STATE/NATIONAL SCIENCE STANDARDS. OPTIONAL PRE- AND

POST-PROGRAM CLASSROOM VISITS FROM NATUREBRIDGE EDUCATORS ENABLE

TEACHERS TO DEEPEN THE IMPACT OF THE NATUREBRIDGE EXPERIENCE THROUGHOUT

AND BEYOND THE ACADEMIC SCHOOL YEAR.

NATUREBRIDGE PROVIDES ENVIRONMENTAL EDUCATION PROGRAMS TO A DIVERSE

AUDIENCE INCLUDING K-12 TEACHERS, TEENS AND FAMILIES. WE ALSO WORK WITH

LEADERS IN THE FIELD OF ENVIRONMENTAL EDUCATION TO ADVANCE SCIENTIFIC

AND SOCIAL EMOTIONAL LEARNING NATIONWIDE. AT THE HEART OF OUR WORK IS

OUR EVIDENCE-BASED CORE EDUCATIONAL FRAMEWORK, WHICH COMPRISES THREE

THEMES: SENSE OF PLACE, INTERCONNECTIONS AND STEWARDSHIP. USING THIS

ONE-OF-A-KIND FRAMEWORK IN OUR RANGE OF PROGRAMS, NATUREBRIDGE REACHES

OVER 35,000 INDIVIDUALS IN A TYPICAL YEAR AND HELPS GROW THE NEXT

GENERATION OF ENVIRONMENTAL STEWARDS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT COMMITTEE REVIEWED THE FEDERAL FORM 990 WHEN DRAFTED AND THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O	(Form 990)) 2021

Name of the organization

Employer identification number 94-2145930

FINAL VERSION WAS PROVIDED TO ALL BOARD MEMBERS FOR THEIR REVIEW PRIOR TO

FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

NATUREBRIDGE HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT ALL BOARD

MEMBERS AND EMPLOYEES MUST READ WHEN THEY JOIN THE ORGANIZATION. THE POLICY

IS REVIEWED BY THE BOARD AND MANAGEMENT ON A REGULAR BASIS. WHEN MANAGEMENT

GAINS KNOWLEDGE ABOUT A POTENTIAL CONFLICT OF INTEREST, THE ISSUE IS

INVESTIGATED AND ADDRESSED AT THE APPROPRIATE LEVEL. IF THERE IS A

POTENTIAL CONFLICT OF INTEREST AT THE BOARD LEVEL, THE AFFECTED MEMBER OR

MEMBERS EXCUSE THEMSELVES FROM VOTING OR OTHERWISE INFLUENCING THE

DECISION.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD PERFORMS AN ANNUAL ASSESSMENT OF THE CEO'S PERFORMANCE AND THE

CEO PERFORMS AN ANNUAL ASSESSMENT OF THE CFO, COO AND CDO. INPUT FOR THE

PERFORMANCE REVIEWS INCLUDES FEEDBACK FROM THE BOARD AND STAFF OF THE

ORGANIZATION. ONCE THE REVIEWS ARE COMPLETED, THE BOARD REVIEWS COMPARABLE

SALARY DATA FOR BOTH POSITIONS AND DOCUMENTS THEIR DECISION FOR SALARY

INCREASES. ALL OTHER SALARIES ARE APPROVED BY THE BOARD THROUGH ITS

APPROVAL OF THE ANNUAL BUDGET.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST FOR

THE SAME PERIOD OF TIME SET FORTH IN SEC. 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

132212 11-11-21

Schedule O (Form 990) 2021		1	Page 2
Name of the organization NATUREBRIDGE		Employer ident 94-21459	ification number
		•	
LOSS ON UNCOLLECTIBLE PLEDGE	-44	643.	
132212 11-11-21	6 F	Schedule C) (Form 990) 2021

132161 11-17-21 LHA

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

NATUREBRIDGE

Employer identification number 94-2145930

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
PRESIDIO ENVIRONMENTAL INSTITUTE -							
91-1818653, GGNRA BUILDING 1033, SAUSALITO,							
CA 94965	FIELD SCIENCE	CALIFORNIA	501(C)(3)	LINE 10	NATUREBRIDGE	х	
	-						
	-						
	-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

Open to Public

Inspection

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	amount in box 20 of Schedule	Gener mana partn	al or Percenta ging er?	tage ship
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
										+		
	-											
	-											
	1											
	1											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		(i) ction (b)(13) trolled tity? No
								Tes	

Schedule R (Form 990) 2021 NATUREBRIDGE

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b Gift, grant, or capital contribution to related organization(s)			2
c Gift, grant, or capital contribution from related organization(s)			2
d Loans or loan guarantees to or for related organization(s)			2
e Loans or loan guarantees by related organization(s)			2
f Dividends from related organization(s)	1f		2
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	<u>1i</u>		
j Lease of facilities, equipment, or other assets to related organization(s)			-
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)			+
p Reimbursement paid to related organization(s) for expenses			
q Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)	1r		
	1s		

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
<u>(4)</u>				
<u>(5)</u>				
(6)				

Schedule R (Form 990) 2021 NATUREBRIDGE

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera	or Perc	entage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	. 501(org	c)(3) s.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	_{r?} own	nership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes N	10	
											\square		
											\square		